

OPNAV SERVICE REQUEST (SEE OPNAVINST 5000.48)

FORM MUST BE TYPEWRITTEN

FROM: N-
VIA: N- (Supply & Equipment Coordinator)
N- (Fiscal Officer)

Control No: _____

Date: _____

To: N-09B3

SUBJ: REQUEST FOR SERVICES

1.	PART/STOCK NR	DESCRIPTION	UNIT COST	TOTAL COST
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2. JUSTIFICATION: _____

3. VENDOR/SUPPLIER: _____ POC: _____

ADDRESS: _____ PHONE NR: _____

(N09B3 WILL PROVIDE COST ESTIMATES IF NEEDED)

LIAISON CONTACT FOR CLARIFICATION OF SPECIFICATIONS AND TO EXPEDITE DELIVERY

NAME	N-CODE	ROOM	TELEPHONE EXTENSION
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FIRST ENDORSEMENT BY N CODE SUPPLY AND EQUIPMENT COORDINATOR

DATE: _____

FROM: N-

TO: N-09B3

VIA: N- (FISCAL OFFICER)

FORWARDED RECOMMENDING APPROVAL/DISAPPROVAL

(NOTE: RETURN TO ORIGINATOR IF INSUFFICIENT JUSTIFICATION)

SIGNATURE (Supply & Equipment Coordinator)

ROOM/PHONE NR

TYPED NAME/GRADE

SECOND ENDORSEMENT BY N CODE FISCAL OFFICER

DATE: _____

FROM: N-

TO: N-09B3

Forwarded, funding in the amount of \$ _____ has been committed to
this purchase.

SIGNATURE (Fiscal Officer)

LOCATION/ROOM: _____

PHONE NR: _____

FOR N09B3 USE ONLY

For your information, action has been taken on the above request as indicated.

ITEM: _____

DATE ORDERED: _____ COST OF ITEM(S): _____ REQUISITION NR: _____ POC: _____

RECEIVED BY: ☐ PARTIAL ☐ FINALRECEIVED BY: ☐ PARTIAL ☐ FINAL

ITEM(S): _____

ITEM(S): _____

NAME: _____

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____